

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 397002682  
Report Date: 08/26/2021  
Date Signed: 08/26/2021 02:37:28 PM

Document Has Been Signed on 08/26/2021 02:37 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: SUNNY PLACE OF STOCKTON	FACILITY NUMBER: 397002682
ADMINISTRATOR: EXPECTACIO VIERRA	FACILITY TYPE: 740
ADDRESS: 807 WEST SWAIN ROAD	TELEPHONE: (209) 956-8677
CITY: STOCKTON	STATE: CA
CAPACITY: 18	ZIP CODE: 95207
TYPE OF VISIT: Required - 1 Year	CENSUS: 11
MET WITH: Expectacio Vierra	DATE: 08/26/2021
	UNANNOUNCED TIME BEGAN: 01:05 PM
	TIME COMPLETED: 02:45 PM

NARRATIVE	
1	On 8/26/21 at 1:05pm, Licensing Program Analyst (LPA) Michael Bilger arrived at this facility
2	unannounced to conduct an annual inspection visit. LPA met with the administrator Expectacio Vierra
3	and explained the purpose of the visit.
4	
5	LPA Bilger inspected the physical plant including but not limited to the kitchen, dining room, resident
6	bedrooms; resident bathrooms, laundry room, living area, common TV area, and outside yard of the
7	facility to ensure compliance with Title 22 regulations. Facility is an 18-bed facility with a current census
8	of 11. Facility has 9 shared bedrooms. There is an entry way and small lobby area. Facility has a
9	separate dining room and activities room. Facility also has a hair salon not currently in operation. There
10	is an outside courtyard area for visitations. LPA also conducted the infection control domain tool.
11	The facility submitted a LIC 808 mitigation plan, which was approved. The facility has central entry point
12	and has implemented screening and sign in procedures at the front door area. The facility conducts
13	routine symptom screening for employees, residents, and visitors. LPA observed the facility to have
14	hand washing, COVID - 19 informational, and social distancing signs posted throughout the facility, on
15	the front door, and back yard. The facility has a designated infection control lead. The facility is able to
16	designate and dedicated a Covid-19 room/bathroom if needed. Common touch surfaces are cleaned
17	after each use.
18	
19	Water temperature reads 110.1°F in the bathroom and room temperature reads 76°F. LPA observed the
20	facility to have adequate food supply. Resident rooms were sanitary and had the required furniture and
21	furnishings. The facility common areas were clean and furnished. Smoke and carbon detectors were in
22	good repair. Fire extinguisher was checked 4/20/21. Facility has an emergency food and water kit.
23	
24	Per California Code of Regulations, Title 22, no deficiencies were observed during this visit. Exit
25	interview was held and a report was given to Administrator Expectacio Vierra.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Liza King <b>NAME OF LICENSING PROGRAM ANALYST:</b> Michael Bilger
---

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/26/2021

**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/26/2021

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**